Abstracts

**Conclusion** Y MSM receiving care at the BCHD STD Clinics are likely to be aware and interested in PrEP but fewer than 10% may be taking PrEP. Given that STD Clinics serve primarily minority young males who are disproportionately affected by HIV, future work should seek to improve youth-friendly services at public health clinics and leverage awareness and interest in PrEP in order to improve uptake in this vulnerable population.

**Methods**
- **Introduction** Pre-exposure prophylaxis (PrEP) is one of the most promising HIV interventions, with more than 90% efficacy with consistent adherence. In Guatemala, after more than 10 years of highly financed interventions, MSM continues to be one of the most affected populations for HIV epidemic. Other interventions, mostly behavioural, haven’t changed the course of the HIV epidemic in this population. Our objective was to determine the acceptability of PrEP in gay men and other MSM in Guatemala city.
- **Results** Median of age 32 years old, most of the participants reported higher education. Based on CDC guidelines for PrEP, 10 of the participants should be offered PrEP based on their current risks. Condom use was high, and for 3 participants that will be the preferred option always. 13 of them were likely to start PrEP if available, with fears about side effects and cost of the medications. Facilitators for PrEP were also asked. All participants signed an informed consent. Data analysis was performed on Atlas.Ti.
- **Conclusion** PrEP has a high acceptability among MSM population in Guatemala city. Facilitators and barriers mentions will help to design a successful demonstration project. Based on the reported risks and HIV prevalence in this population, PrEP is an effective needed intervention in these country that can help to change the course of the epidemic. Based on these results, we have started a small fee-based demonstration project since 2016.

**Results**
- **Methods**
  - **Introduction** Few studies have demonstrated that Bacterial vaginosis (BV) is associated with sexual behaviour risk factors similar to those for other sexually transmitted diseases. In the present study, the prevalence of these in a multivariate analysis occurred in the other sexually transmitted diseases like NG, Chlamydia trachomatis (CT), Treponema pallidum (syphilis), Neisseria gonorrhoeae (NG) or HIV was observed; Non-BV infected women were used as control subjects.
  - **Methods** Data from 788 women screened in the SAVVY HIV gel phase III clinical trial in Accra (West Legon Study Site) from 2012 to 2015 were analysed. Participants were evaluated for the presence of BV, CT, Treponema pallidum (PT), NG, Trichomonas vaginalis (TV) and Human Immunodeficiency Virus (HIV), and interviewed in detail with respect to sexual behaviours after consent forms were signed.

**Conclusion**
- **Results** This study has shown a high association between BV and HIV (p<0.01) with risk factor (0.4), which does not occurred in the other sexually transmitted diseases like NG, syphilis and Chlamydia with insignificant association (p<1) and risk factors (0.6, 0.7, 0.9) respectively. HIV was found to be the most prevalent sexually transmitted disease with 11.2%, Chlamydia 9.2%, TV 2.3%, Syphilis 1.7% and NG the least with 1.5%.
- **Conclusion** Bacteria associated with bacterial vaginosis increase female genital-tract infection of HIV but the mechanism by which this happens is not clear. Bacterial vaginosis is not a sexually transmitted disease but predisposes one to HIV infection. It is strongly suggested that all cases of BV both symptomatic and asymptomatic that are presented in the sexual-